



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

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September 17, 2019

The Honorable Jay Inslee  
Office of the Governor  
Post Office Box 4002  
Olympia, WA 98504

Dear Governor Inslee:

Thank you for your recent letter concerning the Department of Health's role in providing regulatory oversight of our state's behavioral health facilities. In particular, you asked whether our current regulatory structure provides sufficient oversight and transparency to ensure patients can find safe providers who offer quality mental health services.

Driven by your plan and vision for mental health services in Washington State, we are at a critical time in the transformation of behavioral health integration. I agree that patient safety, transparency, and quality must remain our top priorities to support this work.

Progressive enforcement has been our historical approach to oversight and enforcement for all facility types. This approach has allowed us to balance the need for continued access to care, while also ensuring facilities addressed areas of concerns we identified. Recent experiences have illustrated that this approach could be strengthened.

We have identified the following statutory changes for your consideration. These proposals, while resource intensive, would strengthen my authority to hold facilities accountable:

1. *A time limited provisional license.* A provisional license for new or troubled facilities could require conditions such as the slow integration of patients and a sustained level of staffing. My staff would increase their oversight to ensure the facility is able to demonstrate sustained compliance with regulatory requirements and facility policies before a full license is issued.
2. *Temporary management.* In the event a facility reaches a point of continued non-compliance and imminent closure, we would have the ability to assign temporary leadership to oversee operations to meet existing patient needs.
3. *Reportable events.* Expand current reporting obligations to include, for example, all patient deaths, for the department's review and possible investigation.
4. *Monetary penalties.* The ability to impose a civil penalty sufficient to encourage accountability and compliance.
5. *Facility enforcement consolidation.* While psychiatric hospitals have garnered recent media attention, we would like the ability to create one chapter of laws pertaining to oversight of all facilities, similar to the Uniform Disciplinary Act for individual providers.

6. *Immediate suspension of new admissions.* Provide clear authority for the department to impose an immediate stop placement of new admissions on a troubled facility's license. A limited stop placement would allow the department to suspend new admissions of a specific demographic if the risk was specific to one category of patient care.

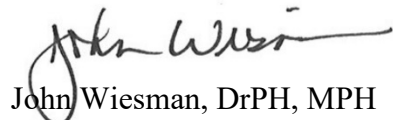
We are also taking immediate steps to accomplish the following internal process improvements:

- Strengthening our approach to researching compliance history of corporations as part of the certificate of need application process. While we vet companies, we will take a more consistent and assertive approach to seeking compliance history from out-of-state licensing agencies. When reviewing applications, we have also started referring to an additional federal database that stores compliance history.
- Well before the year's end, patients will have online access to our investigation and inspection documents for psychiatric hospitals. In the future, this information will be available for all facilities through a new online licensing and enforcement system.

Regarding the larger role of the state in behavioral health transformation, I will engage with my colleagues, DSHS Secretary Cheryl Strange and HCA Director Sue Birch, about the proposed mix of public and private facilities as we expand the network of community-based providers.

I look forward to our continued discussion about this important topic. Thank you for your leadership and support.

Sincerely,



John Wiesman, DrPH, MPH  
Secretary of Health